

Representation in Nursing Practice: A Critical Philosophical Analysis

Abstract

Nursing presence, in spite of the fact that it includes activity on occasion, is a helpful nature of connecting with a patient that is known to have strong and positive ramifications for both medical caretaker and patient. Nonetheless, this peculiarity has not been surely known. Three hypotheses, drawn from crafted by Paul Ricoeur and Hans-Georg Gadamer, filled in as the limits for the two information assortment and examination. The hypotheses were story character, play and concern. This study follows a basic hermeneutic way to deal with field examination and information investigation. Writing in regards to nursing presence is audited and examined, and top to bottom discussions with eleven members are recorded. Inspecting the peculiarity of nursing presence through the hermeneutic focal points of account character, play and concern plays explained the part of moral direction, innovativeness and association with the human experience through investigation of self and other. This more nuanced and complex comprehension adds profundity to the discussion and offers additional opportunities to the work to empower and uphold presence in nursing practice.

Keywords: Presence• Nursing; care• Hermeneutic• play• Concern• Account• Character• Craft of nursing• Morals

Introduction

Anita, a lady in her 80s, was hospitalized for quite some time following a myocardial dead tissue. For quite a bit of that time, she was intubated, in the emergency unit, unfit to answer the people who gave her consideration. She was, nonetheless, keenly conscious about them and was later ready to portray the contrast between feeling really focused on and regarded and feeling like she was being "dealt with like a piece of meat". She said that the medical caretakers and a respiratory specialist who treated her with affection and regard hung out to her [1]. She could feel that they really focused on her and trusted in her and in her ability to recuperate from her sickness. Their presence, she said, stepped her back into a better state. What was the contrast between the attendants who furnished her with how she felt were genuine affects recuperation and the people who were basically performing actually right activities? Nursing presence is depicted as a part of the specialty of nursing. This could be called prognosis, or moral and common sense insight [2]. The mindful presence of a person significantly affects the mending system. Specialized aptitude is positively significant; however skill doesn't ensure the fitting utilization of that information to the singular patient. This study connected with a basic hermeneutic way to deal with investigates the peculiarity of nursing presence.

Discussion

The condition present with somebody in need portrays the act of expert nursing. Presence is a perplexing idea that has not been very much outlined in the nursing writing yet which, regardless of the absence of lucidity, is a focal idea for a few nursing systems [3].

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It is frequently connected with different ideas, like mindful, or with ways of behaving, like tuning in and contact. Scientists concur that nursing presence is advantageous in nursing practice since it benefits both the patient and the medical caretaker. Most essentially for the patient, presence has been recognized as the underpinning of nursing judgment. Furthermore, it acculturates medical care for both patient and attendant and forestalls burnout in the medical attendant. That's what these specialists guarantee assuming attendants are to practice great judgment; they should be completely present in the extraordinary conditions in which the judgment should be brought to bear. It follows that nurture teachers ought to resolve the issue of presence inside the setting of nursing schooling, and overseers ought to energize presence in nursing practice. Incidental references to what might now be perceived as presence are in nursing writing composed as soon as Florence Songbird's work. Notwithstanding, the idea of presence in nursing practice was first brought into nursing writing in 1962, alongside existential way of thinking and phenomenology, through the compositions of Sister Madeleine Clémence Vaillot [4]. Vaillot concentrated on the way of thinking of Gabriel Marcel and Martin Heidegger and applied it to nursing hypothesis. Vaillot depicts examples when medical attendants are "drenched in the circumstance [becoming] a piece of it, having put their support behind the work and with the patient". While she doesn't frequently utilize the word presence, Vaillot portrays responsibility as a trait of the expert medical caretaker. She advocates consolidating this quality with what Peplau depicts as the helpful utilization of self. For present day nurture scholars, presence is an essential piece of being a medical caretaker. Watson depicted the transpersonal caring second as an ontological, transpersonal experience in her model of *caritas* nursing. Benner portrays presence as a quality exhibited by master medical caretakers. Fingeld-Connet characterizes presence as a relational cycle portrayed by responsiveness, comprehensive quality, closeness, weakness, and transformation to special conditions that outcomes in upgraded mental prosperity for medical caretakers and patients, and worked on actual prosperity for patients [5]. To participate in such an encounter is to go with

an ethical choice and pick a course of action. A survey and union of the writing uncovers the accompanying portrayal which is utilized for this review: Presence, in spite of the fact that it includes activity on occasion is a humanistic nature of relating that is morally created and has true ramifications for both patient and medical caretaker [6]. This depiction held up under a microscope over the span of the investigation. The essential wellspring of contention in the talk about nursing presence dwells in whether presence is a procedure or a quality. Most analysts portray presence as humanistic, relational peculiarities. This fits depiction, yet is challenging to evaluate. There have, nonetheless, been endeavours to arrange and quantify nursing presence concerning amount or levels [7]. Quantitative ways to deal with nursing presence have been proposed with the objective of all the more explicitly estimating the impact of presence on understanding results. For example, could presence at any point be recommended and utilized like a prescription. This concentrate additionally affirms Covington's guarantee that presence happens at the time [8]. The hypothesis of play resolves the issue of fleetingness, as well as making sense of the job of imagination in the communication. Responsibility is then shown again at the time of commitment (play) with the patient as the medical caretaker discharges interruptions and spotlights on the collaboration with the singular in that general area at the time.

Conclusion

In any case, while considering the discussion about whether presence is a quality or a strategy, the vignette used to outline the three hypothetical focal points by and by shows that it is a considerably more perplexing peculiarity. While Gayle came to the connection with an extraordinary assortment of abilities and procedures, as well as extraordinary profundity of information, the fundamental idea of the cooperation had to do with empathy, moral comportment and the mental fortitude and certainty to participate in an imaginative second with the patient. Additionally, it happened in light of the fact that there was existence for it to happen. Gayle was welcomed in by different attendants and was allowed to promise to be with the patient however long it took to make him agreeable. This implied she additionally had certainty that she was protected sufficient in that climate to

take part in an unconventional approach to working with the patient, as well as trust in herself to take part in the co-inventive flow with the patient. Information, abilities and methods engage the medical attendant and make choices for imagination at the time of collaboration with the patient similarly that brushes, paint and material enable the craftsman. All things considered, knowing that the capacity to be available is encouraged by specific limits inside the medical attendant, too as specific conditions, we can attempt to develop those limits in medical caretakers and in the patient-care climate. Realizing that self-information and certainty are significant, we support attendants in self-reflection and taking care of one. Knowing that to draw in (play) in a case of presence takes centre, we urge the attendant to participate in rehearses that form capacity to concentrate, like contemplation. Realizing that it likewise takes the limit and mental fortitude to be imaginative, we comprehend that human expressions play a significant part in the continuous schooling of a medical caretaker. The humanities, too, help to illuminate attendants on what it is to be human, to endure and to mend.

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Conflict of interest

Author declares no conflict of interest

References

- Hajizadeh Sharafabad F, Alizadeh M. Predictors of health-promoting behaviors in patients with coronary artery disease in the Iranian population. *IJNP*. 11(3), 164-176(2016).
- Shahbaz A, Hemmati Maslakpak M. Relationship of self-care behaviors with hospital readmission in people with heart failure. *Cardiovascular Nursing Journal*. 6(2), 24-33(2017)
- Lee T, KO I, Lee K. Health promotion behaviors and quality of life among community-dwelling elderly in Korea: A cross-sectional survey. *IJN Studies*. 43, 293-300(2006).
- Kim S. Older people's expectations regarding ageing, health-promoting behaviour and health status. *Journal of Advanced Nursing*. 65, 84-91(2009).
- Evangelista LS, Shinnick MA. What do we know about adherence and self-care? *J Cardiovasc Nurs*. May-Jun; 23(3): 250-7(2008).
- Fayazbakhsh A, Khajeh KR, Soleymani NM *et al*. The Internet Using and Health: Students' knowledge, Attitude and Lifestyle Related to the Internet. *Hakim Research Journal*. 14(2),96-105(2011).
- Chiou ST, Chiang JH, Huang N *et al*. Health behaviors and participation in health promotion activities among hospital staff: which occupational group performs better? *BMC Health Serv Res*. 14(1),474(2014).
- Heidari Beni F, Ahmadi Tameh Z, Tabatabaee A *et al*. The effect of peer education on self-efficacy in people with heart failure. *Cardiovascular Nursing Journal*. 6(1), 40-47(2017).
- Benjamin EJ, Muntner P, Alonso A *et al*. Heart Disease and Stroke Statistics-2019 Update: A Report from the American Heart Association. 139, 56-52(2019).
- Patel H, Ghosh S. The Impact of Self-Efficacy and Depression on Self-Care in Patients with Heart Failure: An Integrative Review. *Int Arch Nurs Health Care*. 3(4), 1-9(2017).